

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	NO. CI	DATE
<b>FEES DETERMINATION</b>	<i>MM</i>		11/21/94
<b>O.I.P.E. CLASSIFIER</b>			11/15/94
<b>FORMALITY REVIEW</b>		71471	12/2

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	7/27/93
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	O
9	O
10	✓
11	✓
12	✓
13	✓
14	✓
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27	✓/A
28	O
29	O
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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**Best Available Copy**